

STATE OF CALIFORNIA, NATURAL RESOURCES AGENCY DEPARTMENT OF FORESTRY AND FIRE PROTECTION OFFICE OF THE STATE FIRE MARSHAL – STATE FIRE TRAINING

Course Reciprocity Application (Formerly PACE 3)

(REV. 1/21)

Identification		
Full Name:		
SFT ID Number:		(Leave blank if you do not have a SFT ID)
Phone (Mobile):		
Email:		
Course Reciprocity		
# SFT Course Name		
1	311 66	WISC Hume
2		
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Submission Requirements		
Submit documentation to verify completion of the following requirements. You do not need to submit verification for any diplomas issued by State Fire Training (SFT) already documented in your SFT User Portal.		
Supporting Documentation		
Justification letter		
		naterials that demonstrate course content and learning objective
• C Fees	Course o	completion verification (Non SFT Course)
	200 no	n-refundable Course Reciprocity fee (per course) - payable to: State Fire Training
Authority		
I, the undersigned, am the person applying for course reciprocity. I hereby certify under penalty of perjury under the laws of the State of California, that all information contained in this application is true in every respect. I understand that misstatements, omissions of material facts, or falsification of information or documents may be cause for rejection.		
Applicant Sig	gnature	:: Date:

(CAL FIRE Account Code: 0198-XXXX-4143500-4143500011-35405902-59210)